



Public Health  
England

# **Screening Quality Assurance visit report**

## **NHS Diabetic Eye Screening Programme East Anglia Diabetic Eye Screening Programme**

18 October 2017

**Public Health England leads the NHS Screening Programmes**

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Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG  
Tel: 020 7654 8000 [www.gov.uk/phe](http://www.gov.uk/phe)

Twitter: [@PHE\\_uk](https://twitter.com/PHE_uk) Facebook: [www.facebook.com/PublicHealthEngland](https://www.facebook.com/PublicHealthEngland)

## About PHE Screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the 4 UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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Prepared by: Screening QA Service (North).

For queries relating to this document, please contact: [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net)



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## Executive summary

The NHS Diabetic Eye Screening Programme aims to reduce the risk of sight loss among people with diabetes by the prompt identification and effective treatment of sight-threatening diabetic retinopathy, at the appropriate stage of the disease process.

The findings in this report relate to the quality assurance (QA) visit of the East Anglia screening service held on 18 October 2017.

### QA purpose and approach

QA aims to maintain national standards and promote continuous improvement in diabetic eye screening (DES). This is to ensure all eligible people have access to a consistent high quality service wherever they live.

QA visits are carried out by the PHE screening quality assurance service (SQAS).

The evidence for this report comes from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-review visits to Sandbach and Holmes Chapel on 13 September and screening clinics in East Anglia on 5 and 6 September 2017
- information shared with the Midlands and East regional SQAS as part of the visit process

### Local screening service

The East Anglia diabetic eye screening programme is a newly formed service delivered by Health Intelligence. The contract was awarded in April 2016 following a re-tendering process. The new service is an amalgamation of the former Peterborough and Cambridgeshire service and part of the former previous East Anglia service (Suffolk, Great Yarmouth and Waveney, West Norfolk and East Cambridgeshire). This is the first visit to the service since its merger.

The service has an eligible population of approximately 107,228 (as at 31 March 2017). The health of people in East Anglia is generally better than the England average (IMD Score 21.8) with lower than average deprivation, although this ranges across local authorities between 8.06 and 31.8<sup>1,2</sup>. The population is mainly white (84.6%) with 12.4% from an ethnic minority background<sup>3</sup>. The prevalence of diabetes is slightly

higher than the rate for England (8.7%), ranging from 7.9% in Cambridgeshire and Peterborough to 10.2% in West Norfolk<sup>3</sup> .

The service is provided by Health Intelligence Ltd (HI). It is commissioned by NHS England, Midlands and East (East) locality team.

Health Intelligence provides all components of the screening pathway (screening, grading, programme management, administration, call/recall and clinical leadership). The clinical lead is a consultant ophthalmologist at James Paget Hospital. The slit lamp biomicroscopy element of service provision is sub-contracted to Enhanced Optometry Services Ltd.

The service uses technician screeners to provide screening at 27 fixed sites and 41 mobile sites. Grading takes place at 4 of these sites and 2 grading centres. There are 8 hospital eye services that provide referral and/or treatment services for screen-detected cases at:

- Ipswich Hospital NHS Trust
- West Suffolk Hospital NHS Trust
- Queen Elizabeth Hospital NHS Trust
- James Paget University Hospitals NHS Foundation Trust
- North West Anglia NHS Foundation Trust – Peterborough City Hospital
- North West Anglia NHS Foundation Trust - Hinchingsbrooke Hospital
- Cambridge University Hospitals - Addenbrookes
- Norfolk and Norwich University Hospital Foundation Trust

## Findings

The service was benchmarked against [Interim Quality Assurance Standards 2014](#) for this visit. The service is compliant with 13 of the 18 quality assurance standards. From April 2017, the interim quality assurance standards were replaced by [NHS Diabetic Eye Screening Programme Pathway Standards \(updated August 2017\)](#). This report does not contain recommendations based on withdrawn standards.

The service has an uptake of 86% which exceeds the achievable standard.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 3 high priority findings as summarised below:

- the hard copy of clinic information containing patient identifiable data (PID) is not destroyed promptly after it is no longer needed
- intergrader agreement reports and other internal quality assurance resources are not used routinely to support grader development or monitor workload
- result letters were identified that are outside of defined screening outcomes and which do not comply with national templates

### Shared learning

The QA visit team identified several areas of practice for sharing, which Health Intelligence have introduced into the service, including:

- the establishment of engagement manager posts to improve relationships with key stakeholders, including service users, primary care, local authorities
- slit lamp examiners work book
- the establishment of embedded failsafe officer posts within hospital eye services

## Recommendations

The following recommendations are for the provider to action unless otherwise stated

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	The commissioner should amend the programme board terms of reference to show member job titles and not individual names	Service specification	6 months	Standard	Revised terms of reference
2	Manage all screening patient safety incidents and serious incidents in accordance with 'Managing Safety Incidents in NHS Screening Programmes' with the described timescales	Managing safety incidents in NHS screening programmes	3 months	Standard	SOP referencing national guidance and review of screening incidents at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	<p>The commissioners should work with the service and contribute to the planned health equity audit, through the provision of public health oversight and expertise</p>	<p>Service specification</p> <p>Guidance for NHS commissioners on equality and health inequalities</p> <p>NHS Accessible Information standard and specification</p>	12 months	Standard	Findings from health equity audit presented to programme board
4	<p>Explore options to make the website more accessible to the population with greater needs, for example:</p> <ul style="list-style-type: none"> <li>• enlarged text</li> <li>• different languages</li> <li>• audible content</li> <li>• easy read</li> </ul>	<p>NHS Accessible Information standard and specification</p> <p>Service specification</p>	12 months	Standard	Options appraisal and action plan presented to programme board

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Produce a standard operating procedure (SOP) to document the processes involved in producing and analysing performance reports	Service Specification	3 months	Standard	SOP presented to programme board
6	Review job descriptions within the service to ensure they reflect current roles and responsibilities	Service Specification	9 months	Standard	Results of review presented at programme board.
7	Make changes to ensure that the clinical lead post is not professionally accountable to himself	Dept of Health guidance	6 months	Standard	Confirmation presented at programme board
8	Establish regular integrated grading team and slit lamp examiners meetings.	National Grading guidance	6 months	Standard	Schedule of arranged meetings with agendas presented to the board
9	Make sure that optometrists who use their own cameras keep maintenance and cleaning logs	Camera equipment guidance	6 months	Standard	Full list provided to programme board

## Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Verify patients marked as ineligible due to no perception of light (NPL) where the patients have been confirmed as NPL prior to the current service commencing in April 2016	Suspensions and exclusions guidance	6 months	Standard	Results presented at programme board



## Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Verify the values presented in the quarterly quality standards reports against the annual Programme Performance Report and demonstrate the reasons for this variation for quality standard 2	National data reporting guidance	6 months	Standard	Outcomes presented to programme board
12	Review and update the prison standard operating procedure (SOP) to ensure it accurately describes the patient consent process	National consent guidance	6 months	Standard	SOP presented to programme board

## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Securely destroy paper records containing patient identifiable details at the earliest occasion after it is no longer required	NHS Information Governance guidelines	3 months	High	SOP presented to programme board
14	The commissioners should engage with the review of the digital surveillance pathway to ensure that any change proposed is acceptable to all stakeholders	Digital Surveillance guidance	6 months	Standard	Digital surveillance pathway presented and agreed at programme board
15	Audit patients in the digital surveillance pathway and transfer those patients with other eye conditions to appropriate pathways	Digital Surveillance guidance	6 months	Standard	Results of audit presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Provide a copy of training schedule and sign off mechanism for new graders	National Grading guidance	6 months	Standard	Template training schedule presented to programme board
17	Produce intergrader agreement reports for individual graders	National Grading guidance  National data reporting guidance	6 months	High	Anonymised inter grader agreements presented to programme board
18	Use intergrader agreement reports and other QA resources as part of quarterly one to one grader feedback meetings	National Grading guidance	6 months	High	Template grader report demonstrating QA resources for feedback

## Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Review the result letters and remove those that are outside of the defined screening outcomes that do not comply with the national templates	Service specification  National invitation and result letter templates	3 months	High	Confirmation at programme board
20	Undertake discharge at first visit and rejected referrals audit	National grading guidance	9 months	Standard	Findings included in a structured action plan presented to programme board
21	Present the findings from the service led slit lamp biomicroscopy review, to the programme board	Digital Surveillance guidance	9 months	Standard	Outcome of audit and associated action plan to be presented to programme board
22	The commissioners should make sure that Cambridge University Foundation Hospital Trust is aware of the potential clinical risk associated with the hospital eye services appointment process	Failsafe guidance	6 months	Standard	Confirmation at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Monitor the outcomes of all breaches. Including patients who do not respond, following referral to hospital eye services, to ensure no patients have come to harm	Best practice	9 months	Standard	Quarterly report to programme board

### Intervention and outcome

No recommendations.

## Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained within this report.

SQAS will work with commissioners to monitor activity/progress in response to the recommendations made for a period of 12 months after the report is published. After this point, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.